

<i>SERFF Tracking Number:</i>	<i>AMRD-125473997</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The American Road Insurance Company</i>	<i>State Tracking Number:</i>	<i>#2672087 \$50</i>
<i>Company Tracking Number:</i>	<i>2008-TERRORISM FORM</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Terrorism Disclosure</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure 2007-2014/2008-Terrorism Form</i>		

Filing at a Glance

Company: The American Road Insurance Company

Product Name: Terrorism Disclosure

SERFF Tr Num: AMRD-125473997 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: #2672087 \$50

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: 2008-TERRORISM FORM

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Pamela Barry, William Napoleone

Disposition Date: 03/05/2008

Date Submitted: 02/26/2008

Disposition Status: Approved

Effective Date Requested (New): 12/26/2007

Effective Date (New): 12/26/2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism Disclosure 2007-2014

Status of Filing in Domicile: Not Filed

Project Number: 2008-Terrorism Form

Domicile Status Comments: This disclosure is exempt from filing requirements in the State of Domicile (Michigan)

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/05/2008

State Status Changed: 03/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In compliance with Federal Terrorism-TRIA Reauthorization Act of 2007, The American Road Insurance Company is submitting our revised "Policyholder Disclosure Notice of Terrorism Insurance Coverage" to be placed on file with your Department. Our notice follows the 2007 model disclosure form developed by the NAIC which has been deemed to satisfy disclosure requirements of the Reauthorization Act and U.S. Treasury regulations. This disclosure will replace our previously filed disclosure dated November, 2006.

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State form filing fee of \$50.00 has been mailed.

Company and Contact

Filing Contact Information

Pamela Barry, Compliance Analyst	pbarry1@ford.com
One American Road	(313) 390-6061 [Phone]
Dearborn, MI 48126	(313) 323-9479[FAX]

Filing Company Information

The American Road Insurance Company	CoCode: 19631	State of Domicile: Michigan
One American Road	Group Code: 18	Company Type:
Dearborn, MI 48126	Group Name:	State ID Number:
(313) 323-7470 ext. [Phone]	FEIN Number: 38-1630841	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	State form filing fee.
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
002672087	\$50.00	02/22/2008

SERFF Tracking Number:	AMRD-125473997	State:	Arkansas
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TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Terrorism Disclosure		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/05/2008	03/05/2008

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Disposition

Disposition Date: 03/05/2008

Effective Date (New): 12/26/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMRD-125473997 State: Arkansas

Filing Company: The American Road Insurance Company State Tracking Number: #2672087 \$50

Company Tracking Number: 2008-TERRORISM FORM

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Terrorism Disclosure

Project Name/Number: Terrorism Disclosure 2007-2014/2008-Terrorism Form

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited Filing Transmittal Document for Terrorism	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes

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TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Terrorism Disclosure

Project Name/Number: Terrorism Disclosure 2007-2014/2008-Terrorism Form

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage		12/2007	Disclosure/ Replaced Notice	Replaced Form #:0.00 Previous Filing #: AR-PC-06-022014		Terrorism Policyholder Disclosure - Dec 2007 thru Dec 2014.pdf

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your current policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Signature

Print Name

Date

Name of Insurer: _____

Policy Number: _____

12/2007

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Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number: 2008-TERRORISM FORM
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Terrorism Disclosure
Project Name/Number: Terrorism Disclosure 2007-2014/2008-Terrorism Form

Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Property & Casualty **Approved** 03/05/2008
Bypass Reason: NAIC Expedited Filing Transmittal for Terrorism is attached
Comments:

Review Status:
Satisfied -Name: Expedited Filing Transmittal Document for Terrorism **Approved** 03/05/2008
Comments:
Attachment:
TRIA Expedited FilingTransmittal Form.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
The American Road Insurance Company	Michigan	19631	38-1630841

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Pamela Barry Compliance Department One American Road – MD #7480 Dearborn, Michigan 48126	313-390-6061	313-835-6124	pbarry1@ford.com

Filing information:

Line of Insurance (see attachment)	35.0 Interline Filings
Company Program Title (Marketing title) (if applicable)	Not Applicable
Filing Type ** see note below	Form (Disclosure) – informational filing
This application is used with:	Vehicle Service Coverage Plan Reimbursement Insurance Policy; TAR 9954 OCT 90 Inland Marine Transit Policy; TAR 01-485572-04AR Wholesale Inventory Protection Policy; 71-3108-21/29 FCNA/VOLVO (May 2000)
Effective Date Requested	December 26, 2007
Filing date	February 26, 2008
Company Tracking Number	2008-Terrorism Form
Date filing approved in domiciliary state, if applicable	Exempt from filing requirement in state of domicile - Michigan

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Disclosure Notice of Terrorism Insurance Coverage	12/2007	[X] Replacement [] Withdrawn [] Neither	Policyholder Disclosure Notice of Terrorism Insurance Coverage (11/2006)	AR-PC-06-022014

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- X Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- X Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures


Signature

Pamela Barry
Print Name:

Compliance Analyst
Title: